

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV. 10/92)

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CLAIMANT'S NAME John Moffatt			SSAN OR EMPLOYEE NUMBER			DEPARTMENT		
POSITION Chief Deputy Legislative Secretary			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE CA			ZIP		

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
24-Feb	4:30am- 6:00am	Lodi-San Jose		4.58							95	42.28	46.86
24-Feb	9am- 11:00am	San Jose - Sac									120	53.40	53.40
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
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												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			0.00	4.58	0.00	0.00	0.00	0.00	0.00	0.00	215	95.68	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$100.26	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff the Governor at the Bloom Energy event

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/1/10

SIGNATURE OF OFFIC

APPROVING TRAVEL AND PAYMENT

DATE

3/1/10

SIGNATURE

TRAVEL EXPENSES

DATE

3/3/10